	State of Rhode	lolond	Fee: \$20.00
	Office of the Secret		Fee. \$20.00
	Division Of Busines	s Services	
	148 W. River S	Street	
	Providence RI 029	04-2615	
1636	(401) 222-30	)40	
Non-Profit Corporation			
Annual Report	. 4		
Filing Period: February 1 - May			
In accordance with R.I.G.L. 7-6	· · · · · · · · · · · · · · · · · · ·		s
annual report within the time properties of \$25.00.	rescribed by law (R.I.G.L. 7-		
ANNUAL REPORT YEAR: 202	<u></u>		
1. Corporate ID No. <u>0000</u>	68206		
2. Name of Corporation <u>Rho</u>	de Island CISM TEAM		
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whit populate a NAICS Code base box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of th the NAICS Code is I	ne dropdown will known, enter it into the
NAICS Code			
813920			
[ <u></u>			
4. Principal Office Address			
No. and Street: 22 LAU	JRA CIRCLE		
City or Town: CRANS		<u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Islar	nd
	NCIDENT STDESS MAN		
TO PROVIDE CRITICAL I MANAGEMENT SERVICE		SUEWIENT & CUN	IULATIVE STRESS
6. Names and Addresses of			
All Directors and Officers m Island Corporation shall not	ust be listed individually. T	ne number of DIREC	TORS of a Rhode
Title	Individual Name	Ad	dress
1 °			'

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	B ANNE BALBONI	22 LAURA CIRCLE CRANSTON, RI 02920- USA	
OTHER OFFICER	J. CURTIS VARONE	,	
DIRECTOR	PETER GINAITT	177 HOPE AVE WARWICK, RI 02889 USA	
DIRECTOR	JASON RHODES	THREE CAPITOL HILL PROVIDENCE, RI 02908 USA	
DIRECTOR	ROBERT SELTZER	607 PUTNAM PIKE SMITHFIELD, RI 02828 USA	
DIRECTOR	RONALD LEPRE	8 CONANICUS RD NARRAGANSETT, RI 02882 USA	
DIRECTOR	B ANNE BALBONI	22 LAURA STREET CRANSTON, RI 02920 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

J. CURTIS VARONE 55 AZALEA AVENUE EXETER , RI 02822

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 30 Day of January, 2023 at 12:43:00 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>J CURTIS VARONE</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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